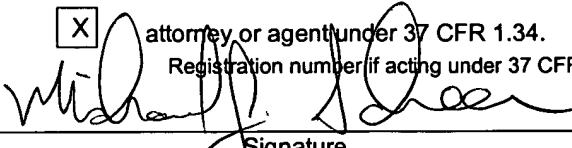


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PTO/SB/22 (12-04)  
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|   |            |   |           |
|---|------------|---|-----------|
| <b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)</b><br><b>FY 2005</b><br>(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)  |            | <b>Docket Number (Optional)</b><br>G0126.0214 |           |
| <b>Application Number</b> 10/023,499-Conf. #4068  |            | <b>Filed</b> December 17, 2001                |           |
| <b>For</b> METHOD AND APPARATUS FOR ACTIVATING A COMPUTER AFTER USER AUTHENTICATION BY A PASSWORD, PROGRAM, AND PROGRAM STORAGE MEDIUM THEREFOR   |            |   |           |
| <b>Art Unit</b> 2137  |            | <b>Examiner</b> J. L. Williams                |           |
| This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.<br>The requested extension and fee are as follows (check time period desired and enter the appropriate fee below): |            |   |           |
|   | <u>Fee</u> | <u>Small Entity Fee</u>                       |           |
| <input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1))   | \$120      | \$60  | \$ 120.00 |
| <input type="checkbox"/> Two months (37 CFR 1.17(a)(2))   | \$450      | \$225   | \$        |
| <input type="checkbox"/> Three months (37 CFR 1.17(a)(3))   | \$1020     | \$510   | \$        |
| <input type="checkbox"/> Four months (37 CFR 1.17(a)(4))  | \$1590     | \$795   | \$        |
| <input type="checkbox"/> Five months (37 CFR 1.17(a)(5))  | \$2160     | \$1080  | \$        |
| <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.   |            |   |           |
| <input type="checkbox"/> A check in the amount of the fee is enclosed.  |            |   |           |
| <input checked="" type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.  |            |   |           |
| <input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.  |            |   |           |
| <input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 50-2215  |            |   |           |
| I am the <input type="checkbox"/> applicant/inventor.   |            |   |           |
| <input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71.<br>Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).   |            |   |           |
| <input type="checkbox"/> attorney or agent of record. Registration Number _____   |            |   |           |
| <input checked="" type="checkbox"/> attorney or agent under 37 CFR 1.34.<br>Registration number (if acting under 37 CFR 1.34) 34,425  |            |   |           |
| <br>_____<br>Signature   |            | September 15, 2005<br>_____<br>Date           |           |
| Michael J. Scheer<br>_____<br>Typed or printed name   |            | (212) 896-5472<br>_____<br>Telephone Number   |           |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.   |            |   |           |
| <input type="checkbox"/> Total of 1 forms are submitted.  |            |   |           |

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